								1
IPDR6702 RUN DATE:	01/10/2005		TPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT	1	PAGE:	1	
NOW DILLET	01/10/2003			CKWRITE DATE: 01/11/2005				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8517	87	CLAIMS DENIED, SUBMITTED BEYON				
	H/DD/SAS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		191	80	CLIENT ID NUMBER DOES NOT MATC	14	238	255	17
				H PATIENT NAME	-		233	
		8518	43	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
				0001 000 0001 00 000011110 01				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0						
		·	0			0	0	
		-			 		 	1
3404904	WESTERN HIGHLAN	167	960	NO CHARGE BILLED. ENTER BILLED				1
	DS LME		1	AMOUNT AND SUBMIT DETAIL AS	1			l
				A NEW CLAIM				
		0500	610	DETENT NOT COMPUTE BY COMPUTE				
		8599	610	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	21	1789	8091	6302
		-		BENEFIT PACKAGE.	 		 	1
		21	78	DUPLICATE OF CLAIM-SYSTEM	1			l
3404905		0	0	*** NO DATA TO REPORT ***				
3404303	TREND COMM MENT AL HLTH CTR	0		NO DATA TO REPORT				
	AL BLIR CIR							
		0	0		(0	0	
3404907		0	0	*** NO DATA TO REPORT ***				
3404907	RUTHERFORD-POLK	0	0	NO DATA TO REPORT				
		0	0		(0	0	
2404010		0000	474					
3404910	PATHWAYS	8329	1471	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
				THE LMA				
		21	572	DUPLICATE OF CLAIM-SYSTEM	8	3097	8036	4939
-								
		1				1		
		8599	561	DETAIL NOT COVERED BY COMBINAT	-			
				ION OF RECIPIENT, PROVIDER AND	 	1	1	
			1	BENEFIT PACKAGE.	1		l .	
3404912	CATAWBA COUNTYM	8931	151	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT	1		RVICES IN IPRS.		1		
					 		 	
		8599	40	DETAIL NOT COVERED BY COMBINAT	154	242	4166	3924
			1	ION OF RECIPIENT, PROVIDER AND	13.	242	-1100	332
				BENEFIT PACKAGE.				
-								
		8000	30	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	1	1	1	-
		-		Cantal Parital	 		 	-
		+						
3404913	MECKLENBURG COM	11	231	CLIENT NOT ELIGIBLE ON SERVICE	1		1	
	ENTAL HEALT			DATE				
	1	10	0		 		-	1
	1		~		-	231	231	
								1
3404916	CROSSROADS BEHA	21	1	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	21	1	DUPLICATE OF CLAIM-SYSTEM				
3404916		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404916		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404916		21	1	DUPLICATE OF CLAIM-SYSTEM	(1	24	23

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404047		2225	1.450					
3404917	CENTERPOINT HUM	8326	1458	ATTENDING PROVIDER NUMBER IS R				
	AN SERVICES			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		8599	81	DETAIL NOT COVERED BY COMBINAT				
		6333	01	ION OF RECIPIENT, PROVIDER AND	80	1734	4555	2821
				BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		8931	75	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	73	RVICES IN IPRS.				
				TOTAL THE TANK.				
3404918		0	0	*** NO DATA TO REPORT ***				
3404320	ROCKINGHAM CO M			NO DITIL TO REPORT				
	ENTAL HEALT							
		0	0			0	0	-
						0	0	
3404919	GUILFORD CO MEN	8599	119	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC		-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	34	60 RESIDENTIAL LEVEL III TREAT	13	233	3361	3128
		- 1		MENT RECEIVED, PA IS REQUIRED	13	233	3361	3128
				FOR ADDITIONAL SERVICE.				
		191	34	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8599	330	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	L AREA MH D			BENEFIT PACKAGE.				
				220722 2 2 220722022 -				
	_	10	48	DIAGNOSIS OR SERVICE INVALID F	20	446	2683	2237
				OR CLIENT AGE. VERIFY CID,	20	446	2683	223
	_			DIAGNOSIS, PROCEDURE CODE FOR				
		537	30	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
				nio bill of onivion				
	_							
3404921	ODANICE DEDGON C	5312	1927	PRIOR AUTHORIZED DOLLARS EXCEE				
	ORANGE PERSON C HATHAM AREA		-	DED				
	HAIHAM AREA							
	_	8329		CLAIM DENIED ATTENDING PROVIDE				
					1.7	2112	4464	1001
		0329	587	R CANNOT BE THE SAME AS	17	3113	4464	1351
		0329	587	R CANNOT BE THE SAME AS	17	3113	4464	1351
		6329	587	R CANNOT BE THE SAME AS THE LMA	17	3113	4464	1351
				THE IMA	17	3113	4464	1351
		8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P	17	3113	4464	1351
				THE IMA	17	3113	4464	1351
				THE IMA NO RATE AVAILABLE ON FILE TO P	17	3113	4464	1351
3404922	THE DIRHAM CENT			THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	17	3113	4464	1351
3404922	THE DURHAM CENT	8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P	17	3113	4464	1351
3404922	THE DURHAM CENT	8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE	177	3113	4464	1351
3404922		8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE	17	3113	4464	1351
3404922		8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE	17			
3404922		8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	17	3113		
3404922		8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	17			
3404922		8000	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	17			
3404922		8000 11 8599	214	THE IMA NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17			
3404922		8000	214	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC	17			
3404922		8000 11 8599	214	THE IMA NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17			
3404922		8000 11 8599	214	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC	17			
	ER	8000 11 8599	214	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER DOES NOT MATC	17			
	ER VGFW AREA AUTHO	8000 11 11 8599	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P	17			
	ER	8000 11 11 8599	214	THE LMA NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	17			
	ER VGFW AREA AUTHO	8000 11 11 8599	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P	17			
	ER VGFW AREA AUTHO	8000 11 11 8599 191	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	17	453	994	543
	ER VGFW AREA AUTHO	8000 11 11 8599	214	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT	17		994	
	ER VGFW AREA AUTHO	8000 11 11 8599 191	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE, CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	17	453	994	543
	ER VGFW AREA AUTHO	8000 11 11 8599 191	214	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT	17	453	994	543
	ER VGFW AREA AUTHO	8000 111 8599 191 8000	214 333 109 4 4 299	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17	453	994	543
3404922	ER VGFW AREA AUTHO	8000 11 11 8599 191	214	THE IMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	17	453	994	543
	ER VGFW AREA AUTHO	8000 111 8599 191 8000	214 333 109 4 4 299	THE LMA NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17	453	994	543

						1	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8599	1017	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		100	0.00					
		120	831	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	118	3990	10228	6238
				AS A NEW CLAIM				
				THE TENT CONTACT				
		21	559	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE	8599	1011	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0.024	0.57	AMBUG TURITOTRE BO RECEIVE OF				
		8931	957	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1873	6267	10686	4419
				RVICES IN IFRS.				
		8935	803	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	1					1	t e	
3404927	CUMBERLAND CO M	8599	181	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0505	0.7	OLATA DENTED DUE NO TVOICE				
	1	8505	97	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	621	2786	2165
				NI DOUGEI		-	 	
		8517	57	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/	21	102	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8329	49	CLAIM DENIED ATTENDING PROVIDE	C	185	4131	3946
				R CANNOT BE THE SAME AS				
				THE LMA				
		8599	26	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		+		
3404930	JOHNSTON COUNTY	8505	2	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		0	0		C	2	3	1
2404021		0500	26	DEMAND NOW COURDED BY COMPANIE				
3404931	WAKE CO HUM SVC	8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		-	 	
	BILLING OF		-	BENEFIT PACKAGE.		+	 	
	-					1		
		8935	4	ASTNC INELIGIBLE TO RECEIVE SE		5 43	168	125
				RVICES IN IPRS.		1	100	
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
						<u> </u>		
2404022		0	0	the NO DAMA WO DEDODE AND				
3404932	RANDOLPH/SANDHI	U	U	*** NO DATA TO REPORT ***		 	 	
	LLS CO MH C					+	 	
	+		-			+	 	
	1	0	0		-		_	
	+			+		1	-	-
	+		1	+		†	 	
3404933	SOUTHEASTERN CT	8599	78	DETAIL NOT COVERED BY COMBINAT		1	1	
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	21	60 RESIDENTIAL LEVEL III TREAT	20	168	2842	2674
				MENT RECEIVED, PA IS REQUIRED				
			1	FOR ADDITIONAL SERVICE.			1	
			_					
		0023	1.5	AMENIC VIEW FORDER TO DECEMBE				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

	1				1			
PROVIDER		HIGH DENIAL	NUMBER OF		muc	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
					-			
3404934	ONSLOW COUNTY B	11	102	CLIENT NOT ELIGIBLE ON SERVICE				
	EHAVIORAL H			DATE				
		8599	43	DETAIL NOT COVERED BY COMBINAT	0	179	794	615
				ION OF RECIPIENT, PROVIDER AND	U	179	794	013
				BENEFIT PACKAGE.				
		8621	23	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	MITTOON CREENE M	21	13	DUPLICATE OF CLAIM-SYSTEM				
	WILSON-GREENE M ENTAL HEALT							
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE	15	43	1602	1559
				RVICES IN IPRS.				
			1					
		120	8	CLIENT ID NUMBER MISSING OR IN				
			ř –	VALID. ENTER CID AND SUBMIT				
			 	AS A NEW CLAIM				
3404937	EDGECOMBE NASH	21	50	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8505	49	CLAIM DENIED DUE TO INSUFFICIE		440	1200	1075
		0303		NT BUDGET	2	113	1388	1275
		8599	8	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938		5404	10	SEVERE DUPLICATE: SAME ATTD PR				
	VGFW DBA RIVERS TONE COUNSE			OV/PCODE/TOS/DOS/MOD				
		24	7	PROCEDURE CODE, PROCEDURE/MODI	0	25	781	756
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
			-	H PATIENT NAME				
3404939	NEUSE MENTAL HE	8599	116	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND			· ·	
			1	BENEFIT PACKAGE.				
	1	I .						
		8000	84	NO RATE AVAILABLE ON FILE TO P		404	1514	1110
		8000	84	NO RATE AVAILABLE ON FILE TO P	0	404	1514	1110
		8000	84		0	404	1514	1110
			84	RICE THIS CLAIM DETAIL	0	404	1514	1110
		8329	84	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE	0	404	1514	1110
			83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	404	1514	1110
			84	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE	0	404	1514	1110
3404941	DITT CO MU (DV /		83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	404	1514	1110
3404941	PITT CO MH/DD/S	8329	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	404	1514	1110
3404941	PITT CO MH/DD/S AS CENTER	8329	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	404	1514	1110
3404941		8329	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM	0	404	1514	1110
3404941		8329	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0	404	1514	1110
3404941		8329	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13			
3404941		8329	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	13			
3404941		8329 21 8599	83	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13			
3404941		8329	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13			
3404941		8329 21 8599	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR	13			
		8329 21 8599	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	13			
3404941	AS CENTER ROANOKE CHOWANH	8329 21 8599	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT	13			
	AS CENTER	8329 21 8599	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13			
	AS CENTER ROANOKE CHOWANH	8329 21 8599	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT	13			
	AS CENTER ROANOKE CHOWANH	8329 21 21 8599 5404	624 171 20	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		884	2146	1262
	AS CENTER ROANOKE CHOWANH	8329 21 8599	624	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR GV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13			1262
	AS CENTER ROANOKE CHOWANH	8329 21 21 8599 5404	624 171 20	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		884	2146	
	AS CENTER ROANOKE CHOWANH	8329 21 21 8599 5404	624 171 20	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		884	2146	1262
	AS CENTER ROANOKE CHOWANH	8329 21 21 8599 5404	624 171 20	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMINC INELIGIBLE TO RECEIVE SE		884	2146	1262
	AS CENTER ROANOKE CHOWANH	8329 21 8599 5404	624 171 20 68	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM		884	2146	1262
	AS CENTER ROANOKE CHOWANH	8329 21 8599 5404	624 171 20 68	RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMINC INELIGIBLE TO RECEIVE SE		884	2146	1262

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL N	UMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME		DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER WARE				DENTALS	DENTALS	FINALIZED	FAID
3404943	ALBEMARLE MENTA	11 5	0	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
	L READIN CE							
		21 3	19	DUPLICATE OF CLAIM-SYSTEM	57	251	1836	1585
					37	231	1030	1303
		8599 3	34	DETAIL NOT COVERED BY COMBINAT				
		0333	74	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
3404944		8599 1	.22	DETAIL NOT COVERED BY COMBINAT				
3404944	EASTPOINTE HUMA	8233 1	. 2.2					
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				<u> </u>
		8000 6	50	NO RATE AVAILABLE ON FILE TO P	23	272	2072	1800
				RICE THIS CLAIM DETAIL				
		8505 4	19	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404946	FOOTHILLS AREAM	8599 2	575	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11 4	133	CLIENT NOT ELIGIBLE ON SERVICE	76	3547	5165	1618
				DATE				
		8000 3	166	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL	8000 9	93	NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR			RICE THIS CLAIM DETAIL				
	HEADIN CIK	+						
		+						
		8931 4		AMTNC INELIGIBLE TO RECEIVE SE	7			
		9331 4	•	RVICES IN IPRS.	7	102	473	371
				NYTODO IN TEND.				
								<u> </u>
		0005		ACTIVIC TARTEST TO DECETUE OF				
		8935 3)	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	8505 1	-	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
			-					
		0 0)		0	1	19	18